



MONTANA DEPARTMENT OF CORRECTIONS ADMINISTRATIVE POLICY

Policy No.: DOC 1.3.14	Subject: MISCONDUCT REPORTING PROCEDURES
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2 and Attachments
Section 3: Personnel	Revision Date:
Signature: /s/ Bill Slaughter, Director	Effective Date: Oct. 18, 2005

I. POLICY:

It is the policy of the Department of Corrections to possess a standardized procedure with which staff, offenders, and the public may report incidents of misconduct that occur against offenders under the Department's care, custody, or supervision.

II. APPLICABILITY:

All Department divisions, facilities and programs.

III. AUTHORITY:

DOC Policy 1.3.12 *Staff Conduct with Offenders*
DOC Policy 1.3.13 *Staff Sexual Misconduct*

IV. DEFINITIONS:

Mandatory Reporting – Reports of suspected abuse, mistreatment, or sexual misconduct that staff must file.

Referrals – Reports of suspected abuse, mistreatment, or sexual misconduct that are not mandatory.

V. PROCEDURES:

A. Mandatory Reporting

1. All Department employees are obligated to report staff misconduct toward offenders when:
 - a) they observe abuse or mistreatment toward an offender or have knowledge of abuse and mistreatment, which may include offender grievances, as described in *DOC Policy 1.3.12, Staff Conduct with Offenders*; or
 - b) they observe sexual misconduct toward an offender or have knowledge of sexual misconduct, which may include offender grievances, as described in *DOC Policy 1.3.13, Staff Sexual Misconduct*.
2. Employees will complete the mandatory reporting form (see Attachment A) and immediately forward copies to the facility or program administrator, facility Human Resources Office or to the Department's Human Resources Division.
3. Failure of any employee to report abuse, mistreatment, or sexual misconduct toward an offender in accordance with this policy may result in corrective or disciplinary action up

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to, and including, termination, termination of services, or cancellation of contract.

B. Referrals

1. Offenders, or other individuals including the general public or an offender's family members, may refer alleged incidents of misconduct by or toward offenders when:
 - a) they observe abuse or mistreatment toward an offender or have knowledge of offender abuse or mistreatment as described in *DOC Policy 1.3.12, Staff Conduct with Offenders*; or
 - b) they observe sexual misconduct toward an offender or have knowledge of offender sexual misconduct as described in *DOC Policy 1.3.13, Staff Sexual Misconduct*.
2. Misconduct referral forms (see Attachment B) will be readily available in facility housing units, administrative and probation and parole offices. They are to be routed to the facility or program administrator, facility Human Resources' Office or to the Department's Human Resources Division.
3. Offenders' family members, or members of the general public, may access a misconduct referral form on the Internet as an attachment to this policy or may contact the Department's Human Resources Division. Completed referral forms should be routed to the facility or program administrator, facility Human Resources' Office or to the Department's Human Resources Division in Helena.
4. Deliberately malicious or false reports by offenders or other parties will result in disciplinary action or consequences generated by the criminal justice system.

VI. CLOSING:

Questions concerning this policy should be directed to the Department's Human Resources Division.

Attachments

Misconduct Mandatory Reporting Form (Attachment A)
Misconduct Referral Form (Attachment B)

Montana Department of Corrections

Misconduct Mandatory Reporting Form

Date of Report:_____

Date of Alleged Incident : _____ Time of Incident: _____

Place of Incident: _____ Persons Involved: _____

Summary of Incident:

Reporting Staff (print name):_____ Title: _____

Signature: _____ Date: _____

** Reports of misconduct by or toward any offender under the care, custody or supervision of the Department of Corrections must be immediately submitted to the facility or program administrator, facility Human Resources Office or the Department's Human Resources Division.*

*** Misconduct complaints, including all information and documents pertinent to the complaint, will be handled with sensitivity and the appropriate level of confidentiality.*

Montana Department of Corrections
Misconduct Referral Form

Date of Report: _____

Date of Alleged Incident : _____ Time of Incident: _____

Place of Incident: _____ Persons Involved: _____

Summary of Incident (please be specific and report the facts as you know them):

Name of Person Reporting (print name): _____

If the person reporting is an offender family member or member of the general public, please provide information about where you may be contacted by the Department: _____

If the person reporting is an offender, please provide the name of the facility or program and housing unit where you are located: _____

Signature: _____ Date: _____

** Reports of misconduct by or toward any offender under the care, custody or supervision of the Department of Corrections should be immediately submitted to the facility or program administrator, facility Human Resources Office or the Department's Human Resources Division, P.O. Box 201301, Helena, MT 59620-1301.*

*** Misconduct complaints, including all information and documents pertinent to the complaint, will be handled with sensitivity and the appropriate level of confidentiality.*